



Re: CPA Application for: **System Enabling Device Comm. in an Expanded Computing...**

May 19, 2000

Our Client: **Mobility Electronics 101950.00027**

Enclosed with this postcard, please find the following:

1. CPA Application;
2. Declaration and Power of Attorney;
3. Filing Fee; and
4. Postcard.



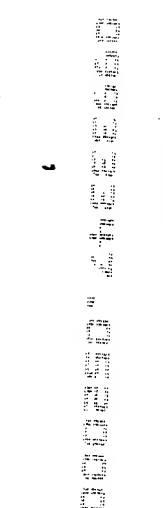
Please date stamp this postcard to indicate that the above materials have been received and return to our office at the address on the back of this postcard.

Thank you.

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## (Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

☐ DUPLICATE

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**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.**



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))		23 -20* =	3	x \$ 18.00 =	\$ 54.00
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))		-3** =	0	x \$ 78.00 =	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 C.F.R. § 1.16)	690.00
				Total of above Calculations =	744.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					372.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	372.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.  
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 10 - 0096 :

- a. ☒ Fees required under 37 C.F.R. § 1.16.  
b. ☒ Fees required under 37 C.F.R. § 1.17.  
c. ☒ Fees required under 37 C.F.R. § 1.18.  
8. ☒ A check in the amount of \$ 372.00 is enclosed.  
9. ☒ New Attorney Docket Number, if desired 101950.00027  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]  
10 a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)  
b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)  
11. ☐ Other: \_\_\_\_\_

**NOTE:**

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

**12. NEW CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label

or ☒ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Robert C. Klinger				
	Jackson Walker, LLP				
Address	2435 N. Central Expressway				
	Suite 600				
City	Richardson	State	TX	Zip Code	75080
Country	USA	Telephone	972-744-2900	Fax	972-744-2909

**13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Steven W. Thrasher
Signature	
Registration No. (Attorney/Agent)	43,192
Date	5/19/2000